

State of New Hampshire

2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/05/2015

Business ID: 83033

William M. Gardner

Secretary of State

THE SCOTT LAWSON GROUP, LTD.

PO BOX 3304

CONCORD, NH 03302-3304

ADDRESS OF PRINCIPAL OFFICE:

20 CHENELL DRIVE

CONCORD, NH 03301

REGISTERED AGENT AND OFFICE:

LAWSON, SCOTT H

20 CHENELL DRIVE

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 83033

STATE OF DOMICILE: NEW HAMPSHIRE

CONSULTANTS IN INDUSTRIAL HYGIENE AND SAFETY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Scott H. Lawson

STREET 20 Chenell Drive

CITY/STATE/ZIP Concord Nh 03301

V-PRES. Zachary S Lawson

STREET 20 Chenell Drive

CITY/STATE/ZIP Concord Nh 03301

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Scott H. Lawson

STREET 20 Chenell Drive

CITY/STATE/ZIP Concord Nh 03301

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Scott H Lawson

Please print name and title of signer:

Scott H Lawson

/

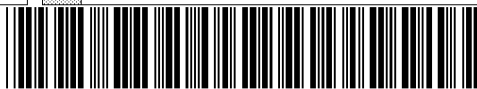
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



8303320151006

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301